

SOURCE WATER SAMPLE

LEAD/COPPER CHEMICAL ANALYSIS REPORT FORM

To be completed by public water supply official

Facility No.

Facility Name

Sample Collector's Name

Contact Person _____ Phone (____)

Sample description

- This sample must be collected from the entry point into the distribution system after all treatment (finished water).

Date of Sample Collection

Sample Location

Purchase water? Yes No (Circle one)

If yes, we purchase from

If no, this sample of water represents water coming from treatment application point number _____ which represents raw source _____ (well number or surface source).

TO BE FILLED OUT BY CERTIFIED LABORATORY

LABORATORY NAME _____ CERTIFICATION NO. _____

METHOD USED _____ DATE RECEIVED _____

LAB SAMPLE NO. _____ DATE ANALYZED _____

<u>PARAMETER</u>	<u>RESULT</u>	<u>DETECTION LIMIT</u>
LEAD (01051)	_____ ug/l	_____ ug/l
COPPER (01042)	_____ ug/l	_____ ug/l

DATE FORWARDED

SIGNATURE OF ANALYST OR OFFICIAL

This Agency is authorized to require this information under Ill. Rev. Stat. 1989, Chapter 111½, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 each day the failure continued, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

LEAD/COPPER CHEMICAL ANALYSIS REPORT FORM

TO BE FILLED OUT BY WATER SUPPLY OFFICIAL

FACILITY NO. _____ FACILITY NAME: _____

SAMPLE SITE NO. _____ (Seven digit state assigned number)

CONTACT PERSON _____ PHONE NO. (____) _____ - _____

TO BE FILLED OUT BY SAMPLE COLLECTOR

DATE OF COLLECTION _____

SAMPLE COLLECTOR'S NAME _____ ADDRESS: _____

TO THE BEST OF MY KNOWLEDGE, THIS WATER SAMPLE WAS COLLECTED AT A COLD WATER TAP OR COLD WATER BATHROOM TAP. THIS SAMPLE HAS REMAINED MOTIONLESS IN THE PLUMBING FOR AT LEAST 6 HOURS. THE SAMPLE COLLECTOR HAS RECEIVED INSTRUCTIONS ON SAMPLE COLLECTION PROCEDURES.

SIGNATURE OF SAMPLE COLLECTOR OR WATER SUPPLY OFFICIAL _____

TO BE FILLED OUT BY CERTIFIED LABORATORY

LABORATORY NAME _____ CERTIFICATION NO. _____

METHOD USED _____ DATE RECEIVED _____

LAB SAMPLE NO. _____ DATE ANALYZED _____

<u>PARAMETER</u>	<u>RESULT</u>	<u>DETECTION LIMIT</u>
LEAD (01051)	_____ ug/l	_____ ug/l
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